

Society Reports.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, October 5, 1886.

C. L. DANA, M.D., President, in the chair.

Case of Congenital Absence of the Faculty of Co-ordination.

Dr. G. M. HAMMOND presented a boy four years of age, brought to his clinic on account of inability to walk. He was born at full term; labor was natural; he appeared to be perfectly healthy at birth. But shortly afterward he became sick, and continued more or less ill for six months. The attending physician diagnosticated colic. Since recovery from this attack the patient had had no sickness. The special senses were normal; the patient understood as well as other children of his age. Perhaps he did not speak as plainly as he should, but two other children in the family, perfectly healthy, talked in the same manner. There was no history of syphilis. The patient was well formed; the muscles of the limbs were well developed for a child who did not walk; muscular reaction, to both electric currents, was normal; the reflexes were normal. The only apparent reason for his inability to walk was want of power to retain his equilibrium. He could crawl on his hand and knees perfectly well unless he attempted to go very fast, when he would fall, and he always fell toward the right. He could stand, holding to a chair, and walk pretty well if held upright. There was also inco-ordination in the upper extremities. He widened his base in standing. Dr. Hammond had not decided whether there was congenital absence of sensory tract in the cord or cerebellar disease.

Dr. JULIUS RUDISCH had seen two similar cases, both in girls,

one about eight years old and the other about thirteen. The first was seen some years ago, was under observation but a short time, and his recollection of the case was indistinct. But he was impressed with what he took to be muscular weakness; not simply ataxia, but weakness in the back. The child, if sustained, could walk well; if not sustained, it would fall like the boy presented by Dr. Hammond. The older patient could walk, but in a peculiar, ataxic way and in the position of marked lordosis. The legs were well developed, and for that reason he thought the trouble was in the muscles of the back. The cases were not, in his opinion, congenital locomotor ataxia.

Dr. N. E. BRILL thought such cases were not uncommon, especially among idiots. The gait of the boy presented reminded him of the swaying motion of a cat, sent Dr. Spitzka by Prof. Wilder. Other actions than walking were natural. Rumpf reported a similar case and found a rudimentary cerebellum. Dr. Spitzka removed the cerebellum of this cat and found it natural. Dr. Brill thought he had to distinguish in these cases between locomotor ataxia and static ataxia. Dr. Hammond's case appeared to be one of static ataxia due to rudimentary cerebellum.

The PRESIDENT had found in his case-books one in which a provisional diagnosis of infantile ataxia was recorded. The girl, about two years old, was well nourished, large, could not co-ordinate the hands or feet. In addition there were some forced movements; the head would suddenly plunge forward.

Vesico-genito-post-femoral Neuralgia and Neuritis.

Dr. LANDON CARTER GRAY read a paper in which he described two cases, seen during the year, of a peculiar variety of neuralgia and neuritis that had not, so far as he has been able to ascertain, been hitherto described. See p. 743.

Dr. RUDISCH asked whether an examination had been made for prostatitis which sometimes caused symptoms in a degree like those described.

Dr. GRAY said the area of distribution of the pain was not like that in prostatitis; besides, the second case occurred in a female.

Dr. W. H. THOMSON referred to the case of a woman from the country, a locality said by her physician to be free from malaria. After a prolonged convalescence from an attack of pleurisy she began to suffer severe pain in the anterior part of the left thigh, and from slight trouble with the bladder, the pains coming on

certain days of the week, lasting one day and two nights. This continued five months, when she was free until the following fall. The medicine prescribed by Dr. Thomson had not prevented a return of the singular symptoms again the present fall. There was no indication of sciatica.

Discussion on the Uses of Hyoscyamine.

The PRESIDENT stated that there were two preparations of the drug, the crystalline and the amorphous. The former seemed to be similar in property to the opiates, while the latter seemed to have neurotic properties. He had heard that hyoscyamine was employed in the asylums for the insane in New York, but not very successfully, whereas in the asylums of Pennsylvania its success had been marked. He had employed hyoscyamine in paralysis agitans, in chorea, and in a few cases as an hypnotic, and it had been employed as an hypnotic to a considerable extent in his service at Bellevue Hospital. The number of cases of chorea in which he had used it was six; in three it was noted to have been of benefit, or caused very rapid or very marked improvement. One of the cases was marked, and had not yielded to other treatment. In three cases the results were very doubtful. He had employed it in four cases of paralysis agitans. In two, he thought it an unquestionable benefit. In two it seemed to produce no benefit at all. On the whole he thought that unless given at rather an early stage of paralysis agitans it did no good. The form employed in chorea and paralysis agitans was the crystalline, but he was not sure that the amorphous form would not be the better preparation in such cases. He thought he could get along perhaps as well without as with hyoscyamine.

Dr. B. SACHS' experience with hyoscyamine had not been very extensive, but he had employed it in a few cases of paralysis agitans, acute mania, and the insomnia accompanying the neurasthenic condition. He had employed only the crystalline form. In contradistinction to what the President had said, that to be effective it must be given in the early stage of paralysis agitans, he remembered one case in which every other therapeutic agent had been tried without success, when hyoscyamine was administered in about one-hundredth-of-a-grain doses twice a day, with the effect of making the patient very much more comfortable, and of diminishing somewhat the annoying movements of the hand. In another chronic case it had been of no benefit. He had obtained

excellent effects from the drug administered to allay the excitement of acute mania. It had been disappointing, however, in insomnia accompanying neurasthenia. It seemed to be more valuable against insomnia from mental restlessness.

Dr. W. H. LESZYN SKY said that about eight years ago it was quite fashionable to use hyoscyamine in asylum practice, and he had employed it in chronic mania, acute mania, and epileptic forms of insanity. First he used the amorphous, and later, sulphate of hyoscyamine. It was claimed that the latter form was easier absorbed, and produced its effects in smaller doses. The sulphate was also preferred for hypodermic use, in which manner he had employed it in one-sixtieth-of-a-grain doses. To patients with recurring attacks of maniacal symptoms, the drug was given a few days before an expected attack, and continued until the attack was aborted.

In a state of exhaustion he would regard hyoscyamine as a dangerous drug to administer. But where there was no objection to its use on that ground, he had known it to produce sleep where chloral and morphine had failed. Given to patients subject to epileptiform convulsions before menstruation, it seemed to avert the attack. He had given it in small doses in two or three cases of chorea, and thought it produced some benefit.

Dr. L. C. GRAY had been using hyoscyamine ever since it had been introduced to the profession, and he must say that for certain purposes there was no drug in the pharmacopœia that he could not better afford to dispense with. The most convenient form was in tablets, one one-hundredth of a grain. In some people hyoscyamine would produce seemingly serious retention of urine. It might also produce disastrous results if given to persons whose general strength was below par. In an old gentleman, with atheromatous arteries, hypertrophied and feeble heart, one one-hundredth of a grain of hyoscyamine caused a condition of collapse. He knew of one patient suffering from melancholia who was sent to Greenwood by hyoscyamine. He had given it in two cases of chorea, one being an exceedingly violent case, the child finally dying in a convulsion. To that patient he could never give a second dose of hyoscyamine, because of the alarming prostration which a first dose would cause. In another case, in which the child had to be held in bed, the drug proved an effective means of restraint, but the child was always found prostrated to a marked degree the next day. In *paralysis agitans* it had been very useful,

and came to be with him a routine treatment. He thought the reason why it had been of more benefit in his practice was that he combined with it some stimulant or tonic to prevent its depressing effect. He gave with it good food, one or two grains of quinine a day, sometimes alcoholic stimulants. He had satisfied himself that it was the hyoscyamine in this treatment which had a restraining effect upon the movements in paralysis agitans.

But it was especially in cases of mental trouble where hyoscyamine was of great benefit. In insanity with hallucinatory symptoms, especially in the early stage, before the patient could be taken to an asylum, hyoscyamine would do much toward restraining the patient, and it would seem aided in cutting short the disease. He was very careful to give no larger dose of the drug than was absolutely necessary, and he combined it with bromide of potassium, which increased its effect. He had never seen hypnotic effects from hyoscyamine.

Dr. W. H. THOMSON said that his experience with hyoscyamine, almost from the beginning, rather prejudiced him against it. One of the first cases in which he employed it was that of a judge troubled with insomnia. The next day he was unable to hold court, had bladder symptoms, etc. He found it useful in asthma with considerable dilatation of the right side of the heart, without bronchitis, but a congested state of the lungs. He had employed it in facial neuralgia, headaches, and various neurasthænic conditions, but had nothing definite to say about its effects. One patient with paralysis agitans was benefited by it among many with whom it was a failure.

Dr. KELLOGG had used hyoscyamine in cases of mental excitement, but it had not proven the sedative he had supposed it would, but it controlled muscular excitement. He had failed to get any hypnotic effect from it. He had not been favorably impressed with its after-effect in acute mania.

Stated Meeting, November 2, 1886.

The President, C. L. DANA, M.D., in the chair.

A Case of Bi-temporal Hemianopsia.

Dr. EDWARD WAITZFELDER presented the patient, a lad whose general history was negative until five months ago. He then noticed a "blur" over the right eye. He consulted Dr. P. A. Callan, at the New York Eye and Ear Dispensary, who diagnosti-

cated right temporal hemianopsia. The condition grew worse ; the left optic nerve became involved, and left temporal hemianopsia developed. Two months ago the patient had choked disk in the right eye. His condition November 1st was as follows : No other basal nerve affected ; he has complete bi-temporal hemianopsia, the whole of fixation point being included in the seeing field. Theoretically the fixation should be bisected, but practically it never is. There is atrophy of both optic nerves, most marked in the right. Vision—R. E., $\frac{2}{20}$; L. E., $\frac{2}{20}$. Diagnosis—Tumor of the chiasm in the anterior portion ; pressure upon the fasciculi cruciati of both optic nerves, the fasciculi laterales being as yet unaffected. There is no tubercular or syphilitic history. The rapid growth of the lesion points strongly in the direction of sarcoma.

So far as Dr. Waitzfelder could ascertain this was the first recorded case in the English language. The point of special interest in the case was that the fixation point was "dodged" by the line of the hemianopsia. Why this was so he could not say, but it would seem to indicate that there was a special set of nerves intended only for extreme central vision.

Remarks were made on the case by Drs. Pooley, Webster, Starr, Leszinsky, and Bullard.

Thomsen's Disease.

Dr. GEORGE W. JACOBY presented a young man suffering from Thomsen's disease. The history will be published hereafter.

Remarks on Cocaine and the So-called Cocaine Habit.

Dr. W. A. HAMMOND made some remarks upon his personal experience with some of the preparations of cocaine. He had used only the fluid extract, various wines, and hydrochlorate of cocaine. The fluid extract had been discarded by him since two or three years, mainly because it had been badly borne by the stomach ; it excited nausea, and was disagreeable to the taste. He then began the use of the wines, but finding that they differed so much in their effects, he gave them up, until he suggested to Thurber & Co. to try to make a wine of coca free from tannin and extractive matters, and they had, he believed, entirely succeeded in doing so. There were two grains of the hydrochlorate of cocaine to the pint of wine. With this preparation he had had an extensive experience, not only upon others, but upon himself. He had used it in spinal irritation with excellent results—results

which could not be attributed alone to the wine, but in part to the cocaine. He had used it also as a general tonic and for fatigue. For some time past he had been in the habit of taking a wine-glassful at the close of his day's duties, and with benefit; it certainly had a decidedly restorative effect, without being followed by a feeling of depression. He had also used it in some cases of dyspepsia with a very irritable state of the stomach. He supposed its action was by lessening the sensibility of the stomach, as it lessened sensibility when applied to other parts. It was remarkable to what an extent the irritability of the stomach was overcome by doses of two or three teaspoonfuls of the wine of coca repeated at intervals of fifteen or twenty minutes, until half a dozen doses had been taken. If the first doses were vomited, the succeeding ones would be retained longer, until finally they were retained altogether. Cases of irritability of the stomach, due apparently to spinal irritation, had been relieved within a few hours by this treatment. Generally when he wished in any case to produce a powerful therapeutical effect, he employed the salt.

Dr. Hammond here spoke briefly of the physiological effects of coca, and said that the first writer on this drug, who had described its effect upon the native Indians of South America, gave an exaggerated account of its baneful influence, and his ideas had been copied over and over again, without the authority being given, until our minds had become thoroughly indoctrinated by them. That author said, among other things, that the coca rendered the teeth black, produced ulceration of the tongue, caused the breath to be fetid, the jaws to become ulcerated, the bones to soften, and rendered the patient an idiot. But subsequent observers said that such results must be entirely exceptional, as they had never seen them. If there was discoloration of the teeth Dr. Hammond thought it might be accounted for by the lime which the Indians mixed with the leaves, or by the presence of tannin. There had recently been some very striking stories in the newspapers regarding the injurious effects of the drug upon persons who had become addicted to its use. In order to determine whether there was any truth in these statements, Dr. Hammond made some experiments upon himself. He first injected hypodermically one grain of the hydrochlorate of cocaine, which caused an exhilaration of spirits and a happier state of mind than he had enjoyed during that day. He was unable to sleep that night until four or five o'clock in the morning, and when he got up he

had a severe headache. He also had a large evacuation of urine. The effect of the drug was to produce an exhilaration, such as would be produced by two or three glasses of champagne. The next night he injected two grains, which produced the same pleasant feeling, and in addition he felt an inordinate desire to write. He wrote eight or ten pages of foolscap, and thought it was the best that he had ever written, but the next morning he found that it was the most extreme nonsense. Each sentence was complete in itself, but no two sentences had any relation to each other. The first part was more incoherent than the latter. The next night he injected three grains, and although he again felt the disposition to write, he did not indulge it, but he talked a great deal, and made speeches. He knew what he was about, and was able to restrain himself, but it was pleasant to speak. He went to sleep late and again awoke with a severe headache. It was a peculiar fact in his case that, at the point of injection, there always developed redness, swelling, stopping short only of an abscess. He now had several hard spots on his arm, and waited four or five days, when he injected six grains of hydrochlorate of cocaine, three grains at two different places. He then felt decidedly "upset," yet he did not lose consciousness nor his relation to things. He gave instructions to the servants correctly. But he did not feel a strong disposition to write or to talk. He was unable to sleep at all that night. The injections were always followed by large evacuation of urine, and by headache next day, but without debility. Three nights later he injected eight grains with about the same effects. The next night he injected eighteen grains, making six different punctures, all inside of twenty minutes. He became intensely exhilarated, and was unable some hours afterward to recall what he did. He was in his office, but in some way got to bed, and the next day he found things in more or less disorder in his office. His headache remained for two days, and there was great action of the heart, palpitation ; he could hear it beating on raising the arm to the head. Exaggerated action of the heart had also attended the smaller doses. But he experienced none of the horrible effects which were said to attend the use of the drug in large or continued doses—no disposition to murder, or commit acts of violence. He acquired no habit ; he was able to quit its use at once. And regarding the cocaine habit he would say that he had given the drug in doses of from one to five grains for three months to a lady suffering

from exophthalmic goitre, and she was then able to discontinue its use without any difficulty. At no time did she manifest any loss of moral principle. She took two doses a day. From a theoretical standpoint, perhaps cocaine should not be administered in this disease, but it proved beneficial in this case, for the heart's action, which had been increased, diminished, became steadier, and the patient felt much better. He also gave it for some months to a lady addicted to the opium habit, carrying the dose up to five grains injected once a day. It overcame the opium habit, and the patient failed to acquire the so-called cocaine habit. In this, and other patients to whom he had administered cocaine, it produced, as in his own case, extraordinary action of the heart, increased temperature and blood pressure, perspiration, and indisposition to sleep.

He had used a ten-per-cent. solution of cocaine, soaked in lint and applied to the vulva, for the relief of masturbation. But it had failed in one case, that of a girl four or five years of age. It had been ineffectual in boys, applied to the glans penis.

In three cases of melancholia in women who refused to speak, injections of hydrate of cocaine had overcome the prolonged silence. The first was a marked case of melancholia with stupor, and the patient had not spoken for nine months. At the first sitting he injected one grain of hydrochlorate of cocaine. The patient then nodded or shook her head in reply to questions, but would not speak. At the next sitting three grains of the drug were injected, and within four minutes the patient replied to questions by yes and no, and within ten minutes she began to talk, and kept on talking, although incoherently. She did not sleep that night, and seemed to have pain in the head the next morning. The next injection of three grains caused the patient to talk, but less incoherently. This was a year ago, and the patient continued as melancholic as before, but she talked, if that was any advantage. Dr. Hammond had failed occasionally to induce patients to speak by injections of cocaine.

As to the cocaine habit, Dr. Hammond regarded it as similar to the tea or coffee habit, and unlike the opium habit. He did not believe there was a single instance of well-pronounced cocaine habit, the patient being unable to stop it at any time, if he chose to do so. If a person were to continue its use for a long time, he should be inclined to look for trouble with the heart rather than with other organs.

Dr. J. B. MATTISON, of Brooklyn, could not agree with Dr. Hammond that there was not a cocaine habit. Within a few months Dr. Mattison had had seven cases of the cocaine habit under his care, five in physicians, two in druggists. He certainly believed there was such a thing as cocaine addiction. He regarded the drug as most dangerous and destructive of the tissues. In certain cases its action was more unfavorable even than morphine. The cases reported in the newspapers he thought were founded on facts. In one instance he wrote to a physician asking whether the report was true that a certain doctor had been arrested in the street under the influence of cocaine. The physician replied that it was true; that the doctor was a victim to cocaine. He could cite other similar cases. In one instance a physician attempted to write a prescription for a patient, but instead wrote for the sheriff to come and take him to jail. The effects of cocaine, as far as he had observed, were similar to those described by Dr. Hammond, but besides the action upon the heart, the great volubility and the unrest, he had noticed hallucinations and delusions, but no homicidal or suicidal tendency. In some cases there was marked emaciation. He thought the effects of the continued use of cocaine were more decided than those of the continued use of morphine. The patients whom he had treated had acquired the cocaine habit gradually, making comparatively small injections several times a day. Dr. Hammond seemed to think that no dose was toxic, but Dr. Mattison regarded Dr. Hammond's case as exceptional, and he would not advise any physician to repeat the experiment.

Dr. J. LEONARD CORNING thought there was a morbid fear of cocaine spreading through the country, and he thought the remarks of Dr. Hammond were timely, as they would tend to allay the prejudice against a most useful remedy.

Dr. L. C. GRAY remarked that between Dr. Hammond on the one side, and Dr. Mattison on the other there was considerable distance, and he did not know how the question could be solved, except by further experience. Dr. Hammond's statement that no cases had been reported by medical men was a mistake. Cases had been reported in Europe, but they were not numerous.

The PRESIDENT read a communication from Dr. C. H. HUGHES, of St. Louis, in which he said: Most of the cases of cocaine habit seen by me have been mixed cases of opium, cocaine, and alcohol or ether inebriety, combined or alternating; though I think I

know of cases where cocaine is the chief if not the exclusive reliance. But these patients are not reliable in their statements. I have not seen a physician addicted to cocaine who stuck to cocaine exclusively. The finale has generally been cocaine and opium and whiskey and ether and all the other narcotic stimulants. Opium is a much more agreeable stimulant, and most patients evidently try to get back to the fatal bliss of opium. I have never relied on cocaine alone in breaking up the opium habit. I never use cocaine to intoxication, and never regularly. My rule with cocaine cases, as I usually see them, is to get them back to plain opium, and then break them of that if advisable.

Dr. HUGHES referred to the fact that in some cases cocaine produced poisonous effects.

The PRESIDENT referred to thirteen cases of cocaine habit reported by Erlenmeyer, and to a case reported by Bornemann. The subject, he said, had recently been discussed at the meeting of the German Congress of Physicians and Naturalists. Dr. SMIDT reported some cases of cocaine-morphine habit. The general opinion was that pure cocaine addiction was rare, but that the cocaine-morphine habit was not so, and was a very destructive and pernicious habit.

Dr. HAMMOND, in closing the discussion, said he did not deny the existence of a cocaine habit; he only claimed that it was unlike the opium habit, for the patient could break it off at will. He was aware that patients addicted to the use of opium, sometimes added cocaine, greatly to their detriment. As to cocaine being a poison, twenty and even thirty-two grains had been taken without serious results. He differed from Dr. Mattison, who thought it was more injurious employed hypodermically; but the patient came under its influence more slowly when it was taken into the stomach.

The PRESIDENT reported for Dr. HERMAN M. BIGGS

A Case of Subacute Spinal Paralysis,

and exhibited specimens of the cord and sciatic nerve. The case was one characterized by gradual paralysis of the lower and then of the upper extremities, moderate atrophy, later a slight anaesthesia of the lower extremities, no pain, loss of tendon reflexes, and no bladder troubles. The course was progressive. Death took place in five months. History: The patient was a male, aged fifty-three, not syphilitic. The interest in the case lay

in the rarity of the affection, and especially of cases in which post-mortem observations had been made. Clinically it resembled mostly the subacute spinal paralysis of Duchenne, although that disease is very rarely fatal. It still more strongly resembled a chronic form of Landry's acute ascending paralysis, and gave support to Ross' classification, of (1) Landry's paralysis ; (2) the subacute paralysis of Duchenne ; (3) periependymal myelitis ; and (4) progressive muscular atrophy, as inflammatory processes, attacking the central gray matter of the cord, and distinguished by the greater or less acuteness of the process. The case was interesting also as showing that these paralyses are not always, at least, due to neuritis. Dr. Dana showed sections of the lumbar and upper dorsal cord, which, he thought, showed evidences of a low grade of central myelitis. The anterior roots and the sciatic nerve were apparently normal.